

## **Street Banner Application**

Name of Applicant/Organization_					
Please check one of the options  Local Non-Profit 501c3	below:	nmental Organization			
Contact Person		Title			
Address	City_		State	Zip	
Phone	_ Fax	Email			
Requesting permission to have b  ☐ Area A - 1 <sup>st</sup> Street ~ 14 Poles ☐ Area B - Kincaid Street ~ 2 Po Check one:	\$300	-	nsonal Banner		
*Event Dates		*Event Location			
Installation Date		Removal Date			
Banners promote:					
Wording on banner;					
Banner must be dropped off 3 days prior to install date and picked up by 3 days post removal  I have read and agree to all of the terms in the Street Banner Guidelines. I understand that the City of Mount Vernon will not be held responsible for any damage to banner caused by weather or for any other reason, and is not liable for lost or stolen banners.					
Signature		Date_			
<ul> <li>The following information must</li> <li>□ Proof of non-profit status</li> <li>□ Color graphic of banner design for the City of t</li></ul>	or review			Amount due from Applicant:	
Credit Card Type: (check one) Credit Card #		Exp. Date Sig	nature		
Office Use Only: Received Fee Re	eceived Comm	ittee Review:   Approve	□ Denied □ A	approve w/Conditions	
Approved By:	Sign	ature:		_ Date:	